



Central Travel System (CTS) Billing Dispute Form
Please sign at the bottom of this form.

CTS RESEARCH MAIL CODE: FARGO0220

P.O. BOX 6344

FARGO, ND 58125-6344

FAX: (701) 461-3736

Upon completion of this form fax or mail to address above:

ACCOUNT NAME	ACCOUNT NUMBER
TOTAL AMOUNT DUE	STATEMENT DATE

DOLLAR AMOUNT	US BANK REFERENCE NUMBER	AIRLINE TICKET NUMBER	REASON CODE	MERCHANT NAME	POSTING DATE

*NOTE: PLEASE ATTACH COPY OF STATEMENT

	TOTAL DEDUCTIONS (THIS MONTH)	REASON CODE - CHANGES/CREDITS DISPUTED 1. Unrecognized Charge 2. Unauthorized Charge 3. Credit Due on Lost/Returned Ticket 4. Duplicate Billing 5. Photocopy Only (Item will not be placed in dispute) 6. Other - Please Detail Below
	PREVIOUS DEDUCTIONS (UNRESOLVED)	
	TOTAL ADDITIONS	
	TOTAL AMOUNT PAID	

OTHER - PLEASE DETAIL:

PLEASE NOTE: TOTAL AMOUNT DUE - DISPUTES + ADDITIONS

PRINT NAME	TELEPHONE NUMBER (INCLUDE AREA CODE) ()
SIGNATURE X	DATE X
	FAX NUMBER ()

TRANSACTIONS INCLUDING PASSENGER NAME OR TICKET NUMBER SHOULD NOT BE DISPUTED. IF NAME OR TICKET NUMBER APPEAR ON THE STATEMENT, THE CLIENT SHOULD CONTACT THEIR TRAVEL AGENCY FOR FURTHER INFORMATION.